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## BIB DATA SHEET

CONFIRMATION NO. 5918

<b>SERIAL NUMBER</b> 10/025,282	<b>FILING or 371(c) DATE</b> 12/19/2001 <b>RULE</b>	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1633	<b>ATTORNEY DOCKET NO.</b> 3433-333		
<b>APPLICANTS</b> Mark W. Bleyer, West Lafayette, IN; Michael C. Hiles, West Lafayette, IN; Umesh H. Patel, West Lafayette, IN; <b>** CONTINUING DATA *****</b> This application is a CON of 09/444,881 11/22/1999 ABN which claims benefit of 60/110,407 12/01/1998 <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 03/26/2002						
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>Examiner's Signature</u>		<input type="checkbox"/> Met after Allowance <u>Initials</u>	<b>STATE OR COUNTRY</b> IN	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 35	<b>INDEPENDENT CLAIMS</b> 3
<b>ADDRESS</b> Woodard, Emhardt, Naughton, Moriarty and McNett Bank One Center/Tower Suite 3700 111 Monument Circle Indianapolis, IN 46204-5137 UNITED STATES						
<b>TITLE</b> RADIOPAQUE IMPLANTABLE COLLAGENOUS BIOMATERIAL DEVICE						
<b>FILING FEE RECEIVED</b> 1010	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:			<input type="checkbox"/> All Fees		
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